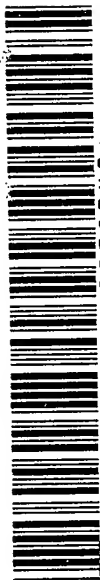


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Date In Mo. Day Year 4/16/07		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 3rd Day		Military		Employee Signature APR 18 2007	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM 1:26 PM		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Int'l Alpha Country Code		Employee Signature	
Weight lbs. 02.5		Acceptance Clerk Initials		Total Postage & Fees		Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Customer Use Only		COD For Insurance APR 16 2007		Employee Signature	
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